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Health Services**

# Transition to Adulthood Learning Collaborative (TALC)

4th Quarter Meeting, FY22  
August 10, 2022



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# Housekeeping

- All lines are in a listen-only mode;
- To speak, **click the raise hand icon** and the organizer will unmute your line;
- If your computer does not have a mic, please use the phone for audio;
- **Dial the audio pin** to enable audio; and
- Use the Question box to:
  - Communicate with organizers;
  - Ask the speaker a question; and
  - Get help with technical difficulties.

Hide the Control Panel

Mute your line

Screen preferences

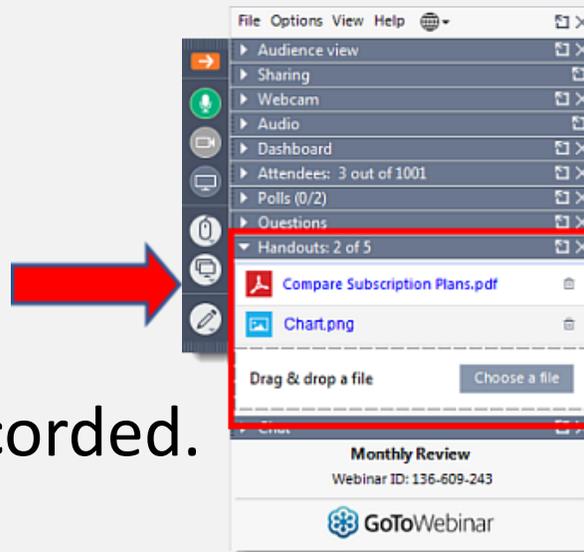
Raise your hand

Question Box

[Enter a question for staff]

# Housekeeping - continued

- The agenda and slide PDF are available in the Handouts section.
  - Look for the Handouts pane in the Control Panel.



- Today's call will be recorded.

# Join Our Learning Collaborative!

To join our Transition to Adulthood Learning Collaborative and receive future meeting invitations, please email Ivy Goldstein at [ivy.goldstein@dshs.texas.gov](mailto:ivy.goldstein@dshs.texas.gov).

# Today's Agenda

- Presentation: *Integrating Health Care Transition Supports in Special Education*
- Child & Adolescent Health Branch (CAHB) Updates
- Upcoming Events
- What's New? Resources, Publications, and Opportunities
- TALC Member Updates
- Adjourn

# Integrating Health Care Transition Supports in Special Education

Samhita Ilango, Health Research, Policy Associate  
National Alliance to Advance Adolescent Health/Got Transition®



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# Integrating Health Care Transition Supports in Special Education

Transition to Adulthood Learning Collaborative  
August 10, 2022

***Samhita Ilango, MSPH***

*The National Alliance to Advance Adolescent Health/Got Transition®*

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TO ADVANCE ADOLESCENT HEALTH



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# Pediatric to Adult Health Care Transition Definition

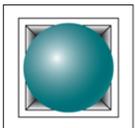
- Definition: Health care transition (HCT) is the process of moving from a child to an adult model of health care with or without a transfer to a new clinician
- HCT Goals for Youth/Young Adults and Clinicians:
  - Improve the ability of youth and YAs to manage their own health and effectively use health services<sup>2</sup>
  - Have an organized clinical process in pediatric and adult practices to facilitate transition preparation, transfer of care, and integration into adult-centered care
- TRANSITION **≠** TRANSFER **or** PLANNING alone
- TRANSITION = planning, transfer and integration into adult care



# Receipt of HCT Planning Guidance from Health Care Providers (HCPs)

- National Survey of Children's Health, 2019-2020\*
  - 22.5% of youth in the US with special health care needs (YSHCN) received transition planning guidance from their HCPs; 14.9% in Texas
  - 17.6% of youth in the US without special health care needs received transition planning guidance from their HCPs; 13.2% in Texas
- MCHB Title V National Performance Measure on HCT is based on whether:
  - HCP spoke with child privately without an adult in the room during last preventive check-up;
  - If a discussion about transitioning to adult care was needed it must have happened; and
  - HCP actively worked with child to gain skills and understand changes in their health care.

*\*Data source: Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 07/22/22 from [www.childhealthdata.org](http://www.childhealthdata.org).*

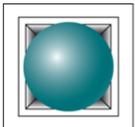


# Outcome Evidence for a Structured HCT Process

HCT evaluation studies\* show that with a structured HCT process, statistically significant positive outcomes for YSHCN include:

- **Population health:** adherence to care, self-care skills, quality of life, self-reported health
- **Experience of care:** increased satisfaction, reduction in barriers to care
- **Utilization:** decrease in time between last pediatric and 1<sup>st</sup> adult visit, increase in adult visits, decrease hospital admissions and length of stay

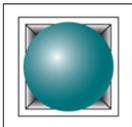
\*Gabriel et al., Outcome evidence for structured pediatric to adult health care transition interventions: A systematic review. *Journal of Pediatrics*. 2017;188:263-269.  
Schmidt, A., Ilango, S., McManus, M., Rogers, K., & White, P. (2019). Outcomes of Pediatric to Adult Health Care Transition Interventions: An Updated Systematic Review. *J. Pediatr Nurs* 2020: 51: 92-107.



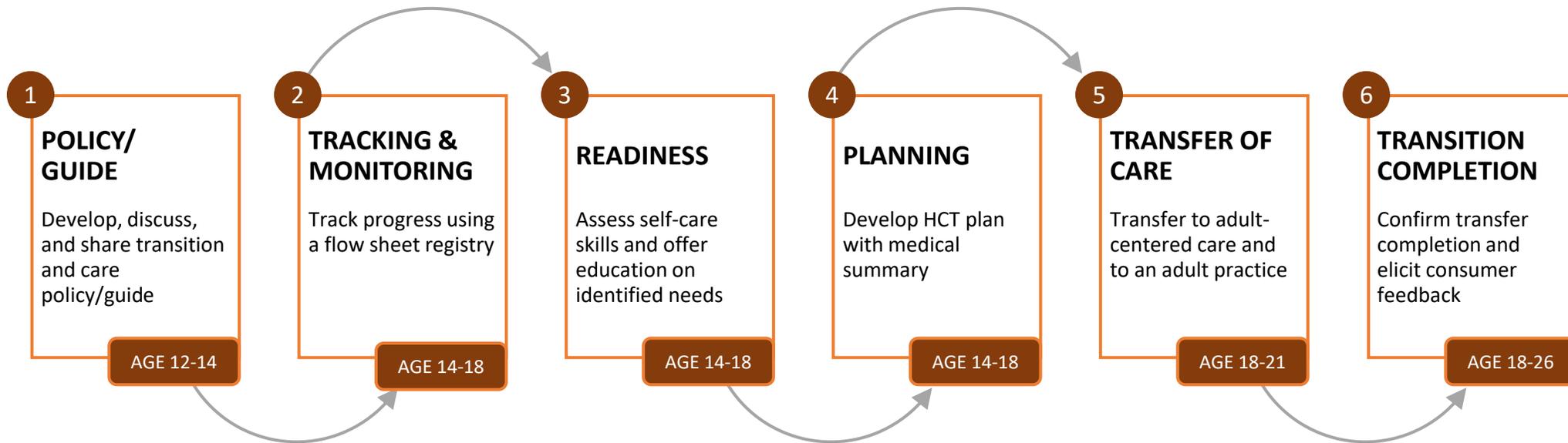
# Medical Professional Societies Guidance

- The 2018 updated Clinical Report includes guidance on evidence informed processes\*\*
  - Targets all youth, beginning at age 12
  - Recommended: Focus on all three aspects of transition: planning, transfer and integration into adult care using a quality improvement (QI) approach utilizing the Six Core Elements

*\*\*White PH, Cooley WC, Transitions Clinical Authoring Group, American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians. Supporting the health care transition from adolescence to adulthood in the medical home. Pediatrics. 2018; 142:85-104.*

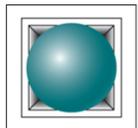


# Timeline of HCT Activities



Timeline for youth/young adults: <https://gottransition.org/resource/hct-timeline-youth-young-adults>

Timeline for parents/caregivers: <https://gottransition.org/resource/hct-timeline-parents-caregivers>



# Incorporating HCT in Special Education

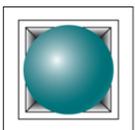
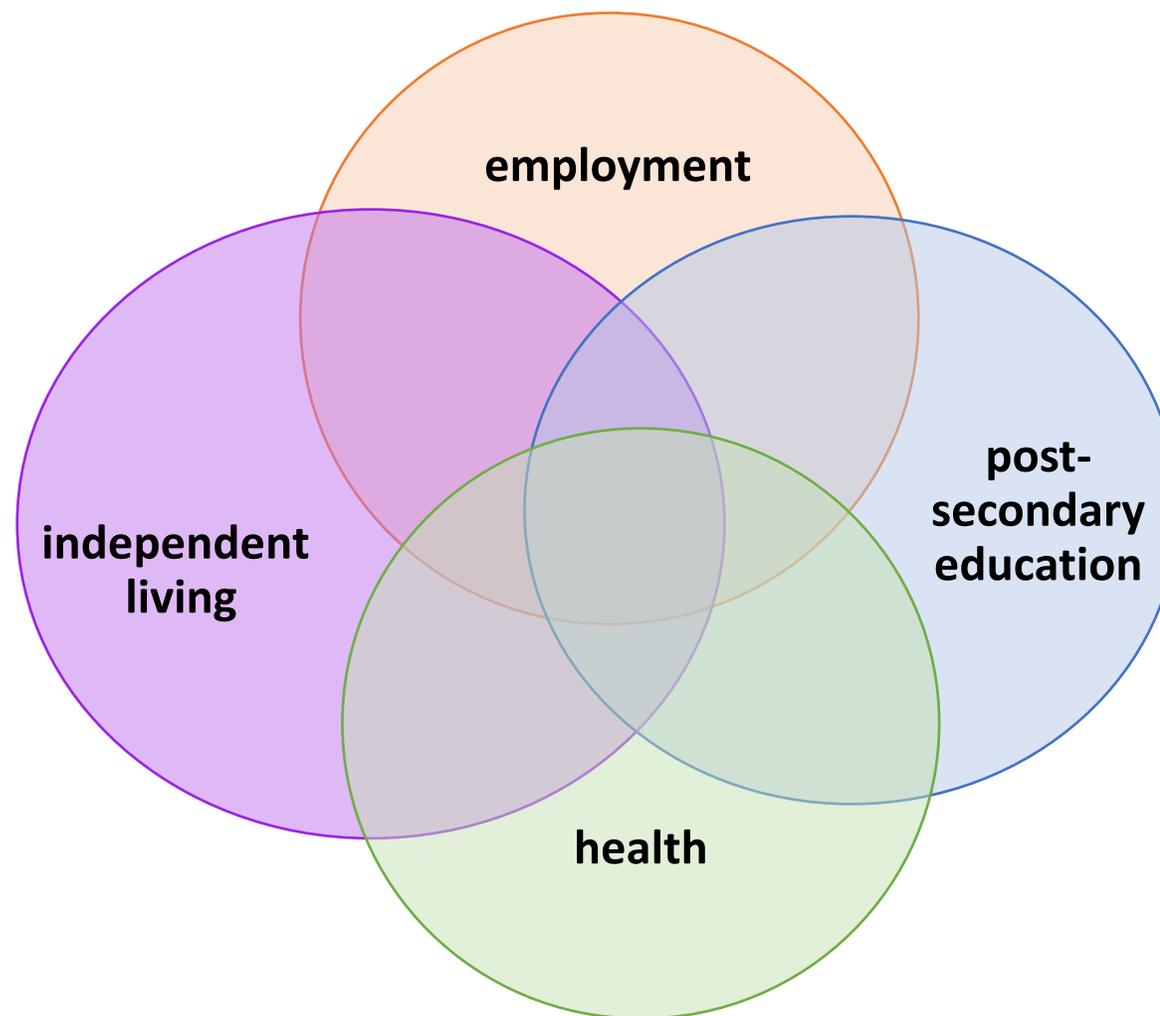


# Incorporating HCT in Special Education - Intro

- The Individuals with Disabilities Education Act (IDEA) has no explicit reference to health
- “Transition services means a coordinated set of activities that include post-secondary education, vocational education, integrated employment, continuing and adult education, adult services, **independent living**, or community participation.”



# The Importance of Health



# Including HCT in the IEP Transition Plan

- Got Transition, in partnership with DC's Community of Practice on Secondary Transition and with extensive input from special educators, city officials, and families, created the following two tools for students with an IEP and special educators:
- Health Care Transition Readiness Assessment
  - Completion of Got Transition's Health Care Transition Readiness Assessment for Students with an IEP will reveal student knowledge about their health and using health care and areas they need to learn more about. ([Spanish version](#))
- Health Care Transition Sample Goals
  - Practical, achievable, and measurable sample goals based on the results of the assessment can be used by IEP team to develop transition plan goals.



# Health Care Transition Readiness Assessment for Students with an IEP

## Pediatric to Adult Health Care Transition Tool

## Health Care Transition Readiness Assessment for Students

This health care transition readiness assessment is intended for students and their family/caregivers to complete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

**Directions:** Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name:

Student Date of Birth:

Completed By:

Date Completed:

### Personal Care *(related to dressing, eating, bathing, and moving)*

- I am able to care for all my needs
- I need a little bit of help to care for my needs
- I need a lot of help to care for my needs
- I need help to care for all my needs

### Use of Communication Supports

- Text-to-speech technology
- Assistive Listening Systems
- ASL/Interpretation technology
- Other technology:
- I do not use communication supports

**Transition Importance & Confidence** *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*  
\*The transition to a doctor who cares for adults usually occurs between ages 18-22.

How important is it to you to move to a doctor who cares for adults by age 22\*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

How confident do you feel about your ability move to a doctor who cares for adults by age 22\*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
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### My Health

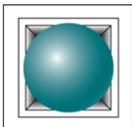
*Please check the box that applies to you right now.*

- I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).  Yes  I want to learn  No
- I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.  Yes  I want to learn  No
- Before a doctor's visit, I prepare questions to ask.  Yes  I want to learn  No
- I know to ask the doctor's office for accommodations, if needed.  Yes  I want to learn  No
- I have a way to get to my doctor's office.  Yes  I want to learn  No
- I know the name(s) of my doctor(s).  Yes  I want to learn  No
- I know or I can find my doctor's phone number.  Yes  I want to learn  No
- I know how to make my doctor's appointments.  Yes  I want to learn  No
- I carry my health information with me every day (e.g. insurance card, emergency phone numbers).  Yes  I want to learn  No
- I know my food allergies.  Yes  I want to learn  No

### My Medicines

*Please check the box that applies to you right now.*

- I know the name of the medicines I take.  Yes  I want to learn  No
- I know the amount of the medicines I take.  Yes  I want to learn  No
- I know when I need to take my medicines.  Yes  I want to learn  No
- I know how to read and follow the direction labels on my medicines.  Yes  I want to learn  No
- I know what to do when I run out of my medicines.  Yes  I want to learn  No
- I know my medicine allergies.  Yes  I want to learn  No



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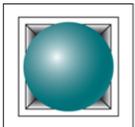


# Sample Goals for the HCT Readiness Assessment for Students with an IEP

## Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

If a student has responded “No” or “I want to learn” to any of the items on the Health Care Transition Readiness Assessment, please use the following sample goals as a guide when creating goals in the IEP transition plan.

HCT READINESS ASSESSMENT ITEM	SAMPLE GOAL
<b>MY HEALTH</b>	
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medical or mental health diagnosis(es), with ___% accuracy.
I can name 2-3 people who can help with my intellectual differences, disability, medical, or mental health needs in an emergency.	By the end of the IEP cycle, student will input their emergency contacts’ information on their phone and name and identify the contacts in their phone when asked, with ___% accuracy.
Before a doctor’s visit, I prepare questions to ask.	By the end of the IEP cycle, student will prepare and practice asking a few questions to their doctor before their next appointment, with ___% accuracy.
I know to ask the doctor’s office for accommodations, if needed.	By the end of the IEP cycle, student will identify which accommodations they need to request at a doctor’s office, with ___% accuracy.
I have a way to get to my doctor’s office.	By the end of the IEP cycle, student will plan transportation to their doctor’s office ahead of time, with ___% accuracy.
I know the name(s) of my doctor(s).	By the end of the IEP cycle, student will input their doctor’s contact information on their phone and name and identify their doctor in their phone when asked, with ___% accuracy.
I know or I can find my doctor’s phone number.	By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with ___% accuracy.
I know how to make my doctor’s appointments.	By the end of the IEP cycle, student will know how to call their doctor’s office or use an online portal to schedule a future appointment, with ___% accuracy.
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	By the end of the IEP cycle, student will keep their insurance card safely in their wallet/backpack or take a photo of it and store it on their phone and be able to retrieve the insurance card when asked, with ___% accuracy.
I know my food allergies.	By the end of the IEP cycle, student will be able to say aloud and/or spell out and/or enter into their cell phone the name(s) of the foods they are allergic to, with ___% accuracy.



# Sample Goals for the HCT Readiness Assessment for Students with an IEP continued

## Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

<i>HCT READINESS ASSESSMENT ITEM</i>	<i>SAMPLE GOAL</i>
<b>MY MEDICINES</b>	
I know the name of the medicines I take.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medicines, with ___% accuracy.
I know the amount of the medicines I take.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the dosages of their medicines, with ___% accuracy.
I know when I need to take my medicines.	By the end of the IEP cycle, student will identify at what time to take their medicines, with ___% accuracy.
I know how to read and follow the direction labels on my medicines.	By the end of the IEP cycle, student will identify, read, and follow the directions on their medicines, with ___% accuracy.
I know what to do when I run out of my medicines.	By the end of the IEP cycle, student will call their doctor's office or pharmacy to ask about medication refills, with ___% accuracy.
I know my medicine allergies.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of the medicines they are allergic to, with ___% accuracy.



# Example Goal Setting - form

## Pediatric to Adult Health Care Transition Tool

## Health Care Transition Readiness Assessment for Students

This health care transition readiness assessment is intended for students and their family/caregivers to complete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

**Directions:** Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name:

Student Date of Birth:

Completed By:

Date Completed:

### Personal Care (related to dressing, eating, bathing, and moving)

- I am able to care for all my needs
- I need a little bit of help to care for my needs
- I need a lot of help to care for my needs
- I need help to care for all my needs

### Use of Communication Supports

- Text-to-speech technology
- Assistive Listening Systems
- ASL/Interpretation technology
- Other technology:
- I do not use communication supports

### Transition Importance & Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*

*\*The transition to a doctor who cares for adults usually occurs between ages 18-22.*

How important is it to you to move to a doctor who cares for adults by age 22\*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
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How confident do you feel about your ability move to a doctor who cares for adults by age 22\*?

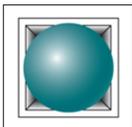
0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

### My Health *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor's visit, I prepare questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor's office for accommodations, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my doctor's appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### My Medicines *Please check the box that applies to you right now.*

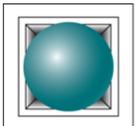
	Yes	I want to learn	No
I know the name of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the amount of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to read and follow the direction labels on my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Example Goal Setting – close up

Student marked “no” on  
“I know or I can find my doctor’s phone number.”

<b>My Health</b>	<i>Please check the box that applies to you right now.</i>	<b>Yes</b>	<b>I want to learn</b>	<b>No</b>
	I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Before a doctor’s visit, I prepare questions to ask.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I know to ask the doctor’s office for accommodations, if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I have a way to get to my doctor’s office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I know the name(s) of my doctor(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I know or I can find my doctor’s phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	I know how to make my doctor’s appointments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I know my food allergies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# 2<sup>nd</sup> Example Goal Setting

## Pediatric to Adult Health Care Transition Tool

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**Directions:** Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name:

Student Date of Birth:

Completed By:

Date Completed:

### Personal Care (related to dressing, eating, bathing, and moving)

- I am able to care for all my needs
- I need a little bit of help to care for my needs
- I need a lot of help to care for my needs
- I need help to care for all my needs

### Use of Communication Supports

- Text-to-speech technology
- Assistive Listening Systems
- ASL/Interpretation technology
- Other technology:
- I do not use communication supports

### Transition Importance & Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*

*\*The transition to a doctor who cares for adults usually occurs between ages 18-22.*

How important is it to you to move to a doctor who cares for adults by age 22\*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

How confident do you feel about your ability move to a doctor who cares for adults by age 22\*?

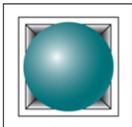
0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

### My Health *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor's visit, I prepare questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor's office for accommodations, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my doctor's appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### My Medicines *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I know the name of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the amount of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to read and follow the direction labels on my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# 3<sup>rd</sup> Example Goal Setting

## Pediatric to Adult Health Care Transition Tool

## Health Care Transition Readiness Assessment for Students

This health care transition readiness assessment is intended for students and their family/caregivers to complete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

**Directions:** Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name:

Student Date of Birth:

Completed By:

Date Completed:

### Personal Care (related to dressing, eating, bathing, and moving)

- I am able to care for all my needs
- I need a little bit of help to care for my needs
- I need a lot of help to care for my needs
- I need help to care for all my needs

### Use of Communication Supports

- Text-to-speech technology
- Assistive Listening Systems
- ASL/Interpretation technology
- Other technology:
- I do not use communication supports

### Transition Importance & Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*

*\*The transition to a doctor who cares for adults usually occurs between ages 18-22.*

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How confident do you feel about your ability move to a doctor who cares for adults by age 22\*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

### My Health *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor's visit, I prepare questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor's office for accommodations, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my doctor's appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### My Medicines *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I know the name of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the amount of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to read and follow the direction labels on my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

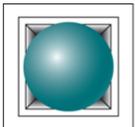


# 3<sup>rd</sup> Example Goal Setting – close up

## Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

*If a student has responded “No” or “I want to learn” to any of the items on the Health Care Transition Readiness Assessment, please use the following sample goals as a guide when creating goals in the IEP transition plan.*

HCT READINESS ASSESSMENT ITEM	SAMPLE GOAL
<b>MY HEALTH</b>	
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medical or mental health diagnosis(es), with ___% accuracy.
I can name 2-3 people who can help with my intellectual differences, disability, medical, or mental health needs in an emergency.	By the end of the IEP cycle, student will input their emergency contacts’ information on their phone and name and identify the contacts in their phone when asked, with ___% accuracy.
Before a doctor’s visit, I prepare questions to ask.	By the end of the IEP cycle, student will prepare and practice asking a few questions to their doctor before their next appointment, with ___% accuracy.
I know to ask the doctor’s office for accommodations, if needed.	By the end of the IEP cycle, student will identify which accommodations they need to request at a doctor’s office, with ___% accuracy.
I have a way to get to my doctor’s office.	By the end of the IEP cycle, student will plan transportation to their doctor’s office ahead of time, with ___% accuracy.
I know the name(s) of my doctor(s).	By the end of the IEP cycle, student will input their doctor’s contact information on their phone and name and identify their doctor in their phone when asked, with ___% accuracy.
I know or I can find my doctor’s phone number.	By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with ___% accuracy.
I know how to make my doctor’s appointments.	By the end of the IEP cycle, student will know how to call their doctor’s office or use an online portal to schedule a future appointment, with ___% accuracy.
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	By the end of the IEP cycle, student will keep their insurance card safely in their wallet/backpack or take a photo of it and store it on their phone and be able to retrieve the insurance card when asked, with ___% accuracy.
I know my food allergies. <sup>26</sup>	By the end of the IEP cycle, student will be able to say aloud and/or spell out and/or enter into their cell phone the name(s) of the foods they are allergic to, with ___% accuracy.



# 4<sup>th</sup> Example Goal Setting

## Pediatric to Adult Health Care Transition Tool

## Health Care Transition Readiness Assessment for Students

This health care transition readiness assessment is intended for students and their family/caregivers to complete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

**Directions:** Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name:

Student Date of Birth:

Completed By:

Date Completed:

### Personal Care (related to dressing, eating, bathing, and moving)

- I am able to care for all my needs
- I need a little bit of help to care for my needs
- I need a lot of help to care for my needs
- I need help to care for all my needs

### Use of Communication Supports

- Text-to-speech technology
- Assistive Listening Systems
- ASL/Interpretation technology
- Other technology:
- I do not use communication supports

### Transition Importance & Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*

*\*The transition to a doctor who cares for adults usually occurs between ages 18-22.*

How important is it to you to move to a doctor who cares for adults by age 22\*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

How confident do you feel about your ability move to a doctor who cares for adults by age 22\*?

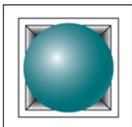
0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

### My Health *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor's visit, I prepare questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor's office for accommodations, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my doctor's appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### My Medicines *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I know the name of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the amount of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to read and follow the direction labels on my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# 5<sup>th</sup> Example Goal Setting

## Pediatric to Adult Health Care Transition Tool

## Health Care Transition Readiness Assessment for Students

This health care transition readiness assessment is intended for students and their family/caregivers to complete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

**Directions:** Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name:

Student Date of Birth:

Completed By:

Date Completed:

### Personal Care (related to dressing, eating, bathing, and moving)

- I am able to care for all my needs
- I need a little bit of help to care for my needs
- I need a lot of help to care for my needs
- I need help to care for all my needs

### Use of Communication Supports

- Text-to-speech technology
- Assistive Listening Systems
- ASL/Interpretation technology
- Other technology:
- I do not use communication supports

### Transition Importance & Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*

*\*The transition to a doctor who cares for adults usually occurs between ages 18-22.*

How important is it to you to move to a doctor who cares for adults by age 22\*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

How confident do you feel about your ability move to a doctor who cares for adults by age 22\*?

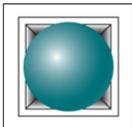
0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

### My Health *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor's visit, I prepare questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor's office for accommodations, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my doctor's appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### My Medicines *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I know the name of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the amount of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to read and follow the direction labels on my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



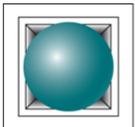
# 2<sup>nd</sup> Example Goal Setting close up

*“By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with \_\_\_% accuracy.”*

## Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

*If a student has responded “No” or “I want to learn” to any of the items on the Health Care Transition Readiness Assessment, please use the following sample goals as a guide when creating goals in the IEP transition plan.*

HCT READINESS ASSESSMENT ITEM	SAMPLE GOAL
<b>MY HEALTH</b>	
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medical or mental health diagnosis(es), with ___% accuracy.
I can name 2-3 people who can help with my intellectual differences, disability, medical, or mental health needs in an emergency.	By the end of the IEP cycle, student will input their emergency contacts’ information on their phone and name and identify the contacts in their phone when asked, with ___% accuracy.
Before a doctor’s visit, I prepare questions to ask.	By the end of the IEP cycle, student will prepare and practice asking a few questions to their doctor before their next appointment, with ___% accuracy.
I know to ask the doctor’s office for accommodations, if needed.	By the end of the IEP cycle, student will identify which accommodations they need to request at a doctor’s office, with ___% accuracy.
I have a way to get to my doctor’s office.	By the end of the IEP cycle, student will plan transportation to their doctor’s office ahead of time, with ___% accuracy.
I know the name(s) of my doctor(s).	By the end of the IEP cycle, student will input their doctor’s contact information on their phone and name and identify their doctor in their phone when asked, with ___% accuracy.
I know or I can find my doctor’s phone number.	By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with ___% accuracy.
I know how to make my doctor’s appointments.	By the end of the IEP cycle, student will know how to call their doctor’s office or use an online portal to schedule a future appointment, with ___% accuracy.
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	By the end of the IEP cycle, student will keep their insurance card safely in their wallet/backpack or take a photo of it and store it on their phone and be able to retrieve the insurance card when asked, with ___% accuracy.
I know my food allergies.	By the end of the IEP cycle, student will be able to say aloud and/or spell out and/or enter into their cell phone the name(s) of the foods they are allergic to, with ___% accuracy.



# Example Goal Setting – Ideas to achieve this goal

*“By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with \_\_\_% accuracy.”*

## A few ideas...

- Work with your youth or young adult to add their doctor’s name and phone number into their phone contacts
- Use [Got Transition’s Medical ID](#) resource to follow steps to add health and medical information, including emergency contact information, into their smartphone
- Practice!

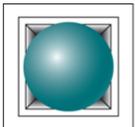
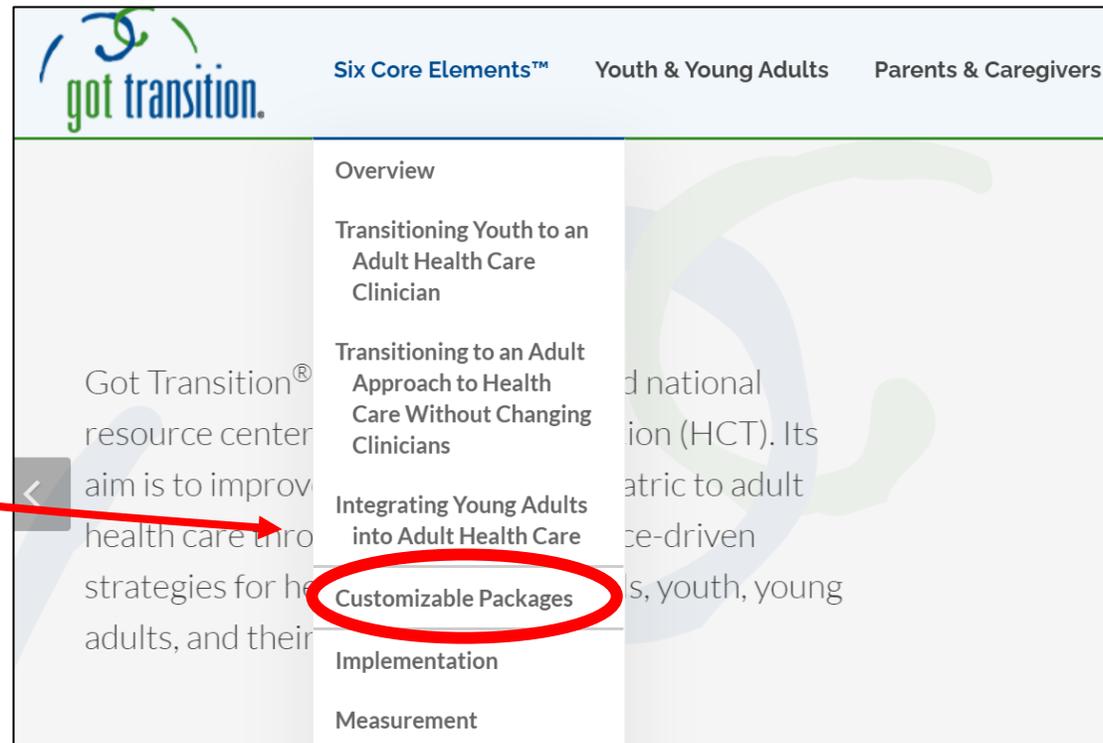


# Customizing HCT Tools



# Steps to Customize HCT Tools

- Step 1: Got to [GotTransition.org](https://www.gottransition.org)
- Step 2: Hover over the “Six Core Elements” tab and click [“Customizable Packages”](#)



# Steps to Customize HCT Tools – con't.

- Step 3: Fill out the “Request a Customizable Version” form
- Step 4: Select the “Transitioning Youth to an Adult Health Care Clinician” package

Which version(s) of the Six Core Elements packages would you like to download?\* (Choose all that apply)

**Transitioning Youth to an Adult Health Care Clinician**

*For use by Pediatric, Family Medicine, and Med-Peds Clinicians*

English  Español

**Transitioning to an Adult Approach to Health Care Without Changing Clinicians**

*For use by Family Medicine and Med-Peds Clinicians*

English  Español

**Integrating Young Adults into Adult Health Care**

*For use by Internal Medicine, Family Medicine, and Med-Peds Clinicians*

English  Español



# Steps to Customize HCT Tools – further expanded

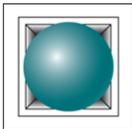
- Step 5: Open the downloaded zip file
- Step 6: Open the tool you wish to customize (example: Readiness Assessment for Youth)

Name	Type	Compressed size	Password ...	Size
 GT-6CE-Leaving-Current-Assessment-Customizable	Microsoft PowerPoint Pres...	83 KB	No	91 KB
 GT-6CE-Leaving-Feedback-Survey-Clinician-Customizable	Microsoft PowerPoint Pres...	122 KB	No	131 KB
 GT-6CE-Leaving-Feedback-Survey-Parent-Customizable	Microsoft PowerPoint Pres...	121 KB	No	131 KB
 GT-6CE-Leaving-Feedback-Survey-Youth-Customizable	Microsoft PowerPoint Pres...	120 KB	No	130 KB
 GT-6CE-Leaving-Flow-Sheet-Customizable	Microsoft PowerPoint Pres...	124 KB	No	134 KB
 GT-6CE-Leaving-Medical-Summary-Emergency-Plan-Customizable	Microsoft PowerPoint Pres...	131 KB	No	144 KB
 GT-6CE-Leaving-Plan-Care-Customizable	Microsoft PowerPoint Pres...	60 KB	No	67 KB
 GT-6CE-Leaving-Policy-Customizable	Microsoft PowerPoint Pres...	117 KB	No	126 KB
 GT-6CE-Leaving-Process-Measurement-Customizable	Microsoft PowerPoint Pres...	83 KB	No	90 KB
 GT-6CE-Leaving-Readiness-Assessment-Parent-Customizable	Microsoft PowerPoint Pres...	137 KB	No	147 KB
 GT-6CE-Leaving-Readiness-Assessment-Youth-Customizable	Microsoft PowerPoint Pres...	134 KB	No	144 KB
 GT-6CE-Leaving-Registry-Customizable	Microsoft PowerPoint Pres...	60 KB	No	67 KB
 GT-6CE-Leaving-Transfer-Checklist-Customizable	Microsoft PowerPoint Pres...	113 KB	No	123 KB
 GT-6CE-Leaving-Transfer-Letter-Customizable	Microsoft PowerPoint Pres...	115 KB	No	124 KB



# Steps to Customize HCT Tools - form

- Step 6: The PowerPoint file is easy to customize. To reflect your audience:
  - Swap out the logo and colors for your own
  - Add, edit, delete, or move questions items
  - Add attribution statement: *The Six Core Elements of Health Care Transition™ are the copyright of Got Transition®. This version of the Six Core Elements has been modified and is used with permission.*



## THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION™ 3.0

### Sample Transition Readiness Assessment for Youth

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

Preferred name \_\_\_\_\_ Legal name \_\_\_\_\_ Date of birth \_\_\_\_\_ Today's date \_\_\_\_\_

#### TRANSITION IMPORTANCE & CONFIDENCE *Please circle the number that best describes how you feel now.*

The transfer to adult health care usually takes place between the ages of 18 and 22.

How important is it to you to move to a doctor who cares for adults before age 22?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  
not | very

How confident do you feel about your ability to move to a doctor who cares for adults before age 22?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  
not | very

#### MY HEALTH & HEALTH CARE *Please check the answer that best applies now.*

	NO	I WANT TO LEARN	YES
I can explain my health needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask questions when I do not understand what my doctor says.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my allergies to medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my family medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk to the doctor instead of my parent/caregiver talking for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I see the doctor on my own during an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when and how to get emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get medical care when the doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry important health information with me every day (e.g., insurance card, emergency contact information).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that when I turn 18, I have full privacy in my health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know at least one other person who will support me with my health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make and cancel my own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a summary of my medical information (e.g., online portal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a referral if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what health insurance I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I need to do to keep my health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk with my parent/caregiver about the health care transition process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### MY MEDICINES *If you do not take any medicines, please skip this section.*

I know my own medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines without someone telling me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to refill my medicines if and when I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?

# Custom Example

## THE SIX CORE ELEMENTS OF HEALTH CARE TRANSITION™ 3.0

### Sample Transition Readiness Assessment for Youth

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

Preferred name \_\_\_\_\_ Legal name \_\_\_\_\_ Date of birth \_\_\_\_\_ Today's date \_\_\_\_\_

#### TRANSITION IMPORTANCE & CONFIDENCE *Please circle the number that best describes how you feel now.*

The transfer to adult health care usually takes place between the ages of 18 and 22.

How important is it to you to move to a doctor who cares for adults before age 22?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  
not | very

How confident do you feel about your ability to move to a doctor who cares for adults before age 22?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  
not | very

#### MY HEALTH & HEALTH CARE *Please check the answer that best applies now.*

	NO	I WANT TO LEARN	YES
I can explain my health needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask questions when I do not understand what my doctor says.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my allergies to medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my family medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk to the doctor instead of my parent/caregiver talking for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I see the doctor on my own during an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when and how to get emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get medical care when the doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry important health information with me every day (e.g., insurance card, emergency contact information).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that when I turn 18, I have full privacy in my health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know at least one other person who will support me with my health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make and cancel my own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a summary of my medical information (e.g., online portal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a referral if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what health insurance I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I need to do to keep my health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk with my parent/caregiver about the health care transition process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### MY MEDICINES *If you do not take any medicines, please skip this section.*

	NO	I WANT TO LEARN	YES
I know my own medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines without someone telling me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to refill my medicines if and when I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?

\_\_\_\_\_

\_\_\_\_\_

## Pediatric to Adult Health Care Transition Tool

## Health Care Transition Readiness Assessment for Students

This health care transition readiness assessment is intended for students and their family/caregivers to compete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

**Directions:** Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Completed By: \_\_\_\_\_

Date Completed: \_\_\_\_\_

#### Personal Care *(related to dressing, eating, bathing, and moving)*

- I am able to care for all my needs
- I need a little bit of help to care for my needs
- I need a lot of help to care for my needs
- I need help to care for all my needs

#### Use of Communication Supports

- Text-to-speech technology
- Assistive Listening Systems
- ASL/Interpretation technology
- Other technology:
- I do not use communication supports

#### Transition Importance & Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*

*\*The transition to a doctor who cares for adults usually occurs between ages 18-22.*

How important is it to you to move to a doctor who cares for adults by age 22\*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

How confident do you feel about your ability move to a doctor who cares for adults by age 22\*?

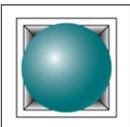
0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
---------	---	---	---	---	-------------	---	---	---	---	-----------

#### My Health *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my learning differences, disability, medical, or mental health needs in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor's visit, I prepare questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor's office for accommodations, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my doctor's appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### My Medicines *Please check the box that applies to you right now.*

	Yes	I want to learn	No
I know the name of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the amount of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to read and follow the direction labels on my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# *Thank you! Questions?*

Access these tools and additional HCT resources on Got Transition's website at [GotTransition.org](http://GotTransition.org)

For more information, contact:

Samhita Ilango: [silango@thenationalalliance.org](mailto:silango@thenationalalliance.org)



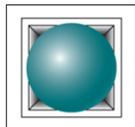
HealthCareTransition



@GotTransition2



[GotTransition.org](http://GotTransition.org)



THE NATIONAL ALLIANCE  
TO ADVANCE ADOLESCENT HEALTH



# Child and Adolescent Health Branch (CAHB) Updates



# The CAHB Team

- Title V Children with Special Health Care Needs (CSHCN) Director: [Audrey.Young@dshs.Texas.gov](mailto:Audrey.Young@dshs.Texas.gov)
- Interim CAHB Manager: [Claire.Niday@dshs.Texas.gov](mailto:Claire.Niday@dshs.Texas.gov)
- Child & Adolescent Health Group Manager: Open
- CSHCN Systems Development Group Project Coordinator: [Cassandra.Johnson@dshs.Texas.gov](mailto:Cassandra.Johnson@dshs.Texas.gov)
- State CSHCN Health Coordinator: [Ivy.Goldstein@dshs.Texas.gov](mailto:Ivy.Goldstein@dshs.Texas.gov)
- CSHCN Community Resources Coordinator: [Candice.Richardson@dshs.Texas.gov](mailto:Candice.Richardson@dshs.Texas.gov)
- Family Engagement Specialist: [Eric.Childress@dshs.Texas.gov](mailto:Eric.Childress@dshs.Texas.gov)
- State Adolescent Health Coordinator: [Susan.Bareis@dshs.Texas.gov](mailto:Susan.Bareis@dshs.Texas.gov)
- State Child Health Coordinator: [Julie.DiGirolamo@dshs.Texas.gov](mailto:Julie.DiGirolamo@dshs.Texas.gov)
- Help Me Grow Coordinator: [Natasha.Jahani@dshs.Texas.gov](mailto:Natasha.Jahani@dshs.Texas.gov)
- Child & Adolescent Health Program Specialist: Open
- Administrative Assistant: [Tammy.Vela@dshs.Texas.gov](mailto:Tammy.Vela@dshs.Texas.gov)

# Upcoming Events



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

# Conferences - Page 1

- **September 8-9:** [10th Annual Texas Primary Care Consortium Summit: A Decade of Powering Primary Care Transformation](#), Austin, TX - Attendees will leave equipped with a more comprehensive understanding of today's health care challenges, best practices, lessons learned, and available resources to improve the health of Texans;
- **September 29-October 1:** [2022 Virtual Health Advocacy Summit](#) - A FREE, virtual, international event for youth and young adults with chronic and rare conditions. Hosted by [Generation Patient](#);

## Conferences - Page 2

- **October 18-20:** [Family Leadership Conference 2022](#) - Virtual and Washington, DC. The event brings together a diverse community of family and youth leaders and professional partners to learn from each other, share resources and expertise, explore ways to improve family support, learn new nonprofit management strategies, and increase a family's capacity to partner in health and educational systems change;
- **October 19-21:** [Together for Families Conference](#) - This virtual event focuses on innovative family support practice, advancing equity for families, parent leadership development, and shaping policies and systems to enhance community conditions that strengthen families; and

## Conferences - Page 3

- **October 20-21:** [Healthier Texas Summit: Uniting to Transform Health in Texas](#), Austin, TX. Thought leaders and health champions will gather to connect, share innovative ideas and effective practices, and build cross-sector relationships that are key to building a healthier Texas. Continuing education credits are available for numerous sessions.
- **October 27-28:** The 23<sup>rd</sup> Annual Chronic Illness and Disability: Pediatric to Adult-based Care Conference, Virtual. Learn how physicians are preparing youth and young adults for adult-based care and hear updates on health care transition practices. Although geared to a clinical audience, youth and young adults with a chronic illness or disability and their parents or caregivers are encouraged to attend. Register [HERE](#).

# Family Engagement

[Texas Parent to Parent](#) (TxP2P) virtual Family Support Groups - For families to discuss what's going on and identify ways the TxP2P community may be able to help with resources and ideas. The calls can also be used to connect with other families.

- You may register for:
  - [Meetings in English](#): Wednesdays at 11 am Central Time (CT).
  - [Meetings In Spanish](#): Wednesdays at 1 pm CT.
- To reach the Family Support program, call (737) 484-9044.

# What's New?

## Resources, Publications, and Opportunities



# Children & Youth with Special Health Care Needs (CYSHCN) Blueprint for Change

- The Maternal and Child Health Bureau released the [Blueprint for Change](#), a national services system framework to support the [nearly 1 in 5 children and youth with special health care needs](#).
- The Blueprint is a supplement of articles in *Pediatrics* that spotlights four key focus areas:
  - 1) Health Equity;
  - 2) Family and Child Wellbeing and Quality of Life;
  - 3) Access to Supports and Services; and
  - 4) Financing of Services.

# Health Care Transition

- Child Neurology Foundation designed the [Transition of Care Toolkit](#) that includes a transition checklist, self-assessment tools, care plan ideas, and more;
- Got Transition and Kids as Self-Advocates (KASA) Connecticut created [Telehealth and Health Care Transition](#), a 5-minute video that explains the move to adult health care and encourages scheduling a group telehealth visit that includes the patient, family, and their adult and pediatric providers; and
- Got Transition released its [2022 Coding and Payment Tip Sheet for Transition from Pediatric to Adult Health Care](#).

# Youth Suicide Prevention Blueprint

- The American Academy of Pediatrics and American Foundation for Suicide Prevention, in collaboration with experts from the National Institute for Mental Health, created the [Blueprint for Youth Suicide Prevention](#) to:
  - Support pediatric health clinicians in advancing equitable prevention strategies in all settings where youth live, learn, work, and spend time.
  - Serve as a practical resource that outlines clinical pathways, community partnerships, and policy recommendations to better identify and support youth at risk for suicide.

# Call 988 for Suicide Prevention

- The [National Suicide Prevention Lifeline](#) moved to a 3-digit number and is now known as the **988 Suicide & Crisis Lifeline**;
- The services are free and confidential;
- Trained crisis workers are available 24/7 to listen, give support, and provide resource linkages if needed; and
- The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis.



# College-Bound Students' Mental Health Resources

- [A Mental Health Checklist for College Students - The New York Times \(nytimes.com\)](#);
- [Six Things Parents Should Know About Mental Health Before Sending a Kid to College](#);
- [Make Sure These Health Forms Are Sorted Out Before Your Kid Goes to College](#) so the school can contact the parent or other adult in the event of a mental health emergency or accident; and
- [The College Faculty Guide to Academic Supports for College Students with Serious Mental Health Conditions](#) - a series of short videos narrated by faculty and students that offer actionable advice on how campus stakeholders can better support students with mental health conditions.

# Additional Resources

- [Emergency Preparedness Toolkit for Young Adults with Intellectual and Developmental Disabilities and their Primary Care Team](#) developed by the National Alliance to Advance Adolescent Health; and
- Texas Health Steps:
  - New case studies - [Eating Disorders: The Question of Weight and Social Isolation and Loneliness: The Effects Continue.](#)
  - New continuing education (CE) module - [Childhood and Adolescent Depression.](#)

# Publications

- Care Coordination Standards for CYSHCN: An Implementation Guide -
  - Intended to support state health officials and stakeholders in using, adapting, and implementing the [National Care Coordination Standards for CYSHCN](#) to develop or improve care coordination systems.
  - Includes information and resources covering a wide range of activities from establishing partnerships to measuring system improvement impact.
- Healthy Children/American Academy of Pediatrics - [Helping Teens With Autism Transition to Adulthood: Tips for Parents & Caregivers](#);

## Publications – page 2

- Generation Patient released its 2022 Chronic Medical Disabilities and Higher Education Roundtable report and published a blog in Journal of Nursing, [Promoting self-advocacy for young adults with chronic and rare conditions](#);
- [Texas Transition and Employment Guide](#) is now available in 3 additional languages: Korean, Vietnamese, and Chinese; and
- Disability Scoop - [Top Companies Seek Workers With Autism](#).

# Employment Resources

Archived webinar [Pathways to Self Sufficiency: Career & Technical Education For Youth With Emotional Disturbances](#) describes opportunities for engaging learners in high school Career Technical Education (CTE) to help them prepare for high-wage, high-skill, in-demand employment opportunities or post-secondary education participation.

Research shows that CTE coursework participation in high school provides opportunities to improve the otherwise poor employment and post-secondary outcomes of learners with emotional disturbance.

# Higher Education Scholarships 2022-2023 School Year

- National Federation of the Blind (NFB) of Texas:
  - Scholarship awards range from \$1000 - \$3000;
  - **Applications opened on June 1<sup>st</sup>;**
  - **Submission deadline is August 15<sup>th</sup>;**
  - Students who have applied before are strongly encouraged to reapply; and
  - More information, including requirements, is available on the [NFB Scholarship page](#).

# Higher Education Scholarships 2022-2023 School Year – Page 2

- American Council of the Blind of Texas:
  - Aims to reach students entering college, currently attending a college, or enrolled in a trade school or technical program;
  - Submit 2022 -2023 school year applications online from **Tuesday, November 1, 2022, to 11:59 pm CST on Tuesday, February 14, 2023**; and
  - See the [American Council of the Blind Scholarship Program](#) for application process information.

# Shared Before & Worth Repeating

## University of North Texas ELEVAR – Empower, Learn Excel, enVision, Advance, Rise

- 4-year inclusive postsecondary education program for students with intellectual and developmental disabilities;
- ELEVAR began Fall 2021 with 5 students; and
- **Program will expand to 10-12 students in 2022-2023.**

# Genetics of Adult Intellectual Disability Research Study

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## Genetics of Adult Intellectual Disability Research Study

Researchers at the Human Genome Sequencing Center at Baylor College of Medicine want to learn about the genes underlying intellectual disability. This knowledge will inform future research to improve diagnosis and discover treatments for intellectual disability.

### Why are we doing this study?

**We are doing this study to learn more about different genes that play a role in developing intellectual disability.**

The last 10 years have seen a large number of discoveries in genetic causes of intellectual disability owing in large part to the implementation of DNA sequence based analysis. Some adults with intellectual disability have never had genetic testing or had less comprehensive, older test. The aim of our study is to discover new genes contributing to the development of intellectual disability by investigating DNA sequence of adults with intellectual disability of unknown cause.

### How are we doing the study?

We are using a new technology called DNA sequencing. We will isolate the DNA from the sample you provide, and study the variation in your DNA code.

Baylor  
College of  
Medicine

[hgsc.bcm.edu/human/genetics-adult-intellectual-disability-research-study](https://hgsc.bcm.edu/human/genetics-adult-intellectual-disability-research-study)

# Peer Support

- [Generation Patient](#) supports peer connection, advocacy, and access to educational information and resources as fundamental pathways to empowerment. Some of the many virtual monthly meetings include:
  - **Higher Education Student Support Meetings** - First and third Sunday of each month at 7 pm CT.
  - **Meetings for Siblings of Young Adults with Chronic Conditions** - Third Thursday of every month at 7 pm CT.
  - **Meetings for all Young Adults With Chronic Medical Disabilities** - First and third Thursday of each month at 7 pm CT.
- See their [Full Event Calendar](#) for more information and to sign up.

# TALC Member Updates



**TEXAS**  
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# A Spoonful of Sugar: Teaching Tolerance to Medical Procedures

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- ✓ Webinar recording on desensitizing people to medical procedures through simple behavior techniques.
- ✓ Presented by Andrea Hoang, University of Houston – Clear Lake
- ✓ Available on YouTube, [A Spoonful of Sugar](#)
  - \*Scroll to 4:50 to start the presentation.



# UPCOMING VIRTUAL TRANSITION WORKSHOPS

Topic: ABLE Account

Presenter – Anna Mallett, Program Specialist  
Texas Comptroller of Public Accounts

In English and In Spanish  
Thursday, August 18, 2022

3:00 p.m. – 4:30 p.m.

Register [HERE](#)

# Future Meeting Dates

## Medical Home Learning Collaborative

October 5<sup>th</sup>, 10 am – 11:30 am CT

## Transition to Adulthood Learning Collaborative

November 2022

Date & time to be finalized soon!

Guest Presenter:

Cristen Reat, Co-Founder of Bridging Apps

Topic: Apps for Transition Planning

# Thank You!

Please take our post-call survey. We value your feedback!

To join our Transition to Adulthood Learning Collaborative  
and receive future meeting invitations, email

[Ivy.Goldstein@dshs.texas.gov](mailto:Ivy.Goldstein@dshs.texas.gov).



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